

ID # _____
(Can be found in the top right
hand corner of your license.)

REQUEST TO UPGRADE LICENSE

Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72120
Fax: 501-372-2247

I, _____, of _____
(Name of owner, officer, member, or partner) (Company Name as it appears on the license)

hereby formally request to **upgrade** my license.

From: (Only check one below)

_____ **Residential Builder**
_____ **Unlimited** - Home Improvement (w/ current specialties)
_____ **Limited** - Home Improvement (w/ current specialties)

To: (Only check one below)

_____ **Unlimited** – Home Improvement (w/ current specialties)
*****A balance sheet & workers comp insurance must be submitted with this form.*****
_____ **Residential Builder** (as previously licensed)
*****A balance sheet & workers comp insurance must be submitted with this form.*****
_____ **Commercial** (as previously licensed)
*****A reviewed or audited financial statement, current \$10,000 surety bond, workers comp insurance (if you have employees) must be submitted with this form.*****

By signing this, I understand that I **cannot** do work outside the classification(s) listed on my license. *** I also understand that if all the requested information is not submitted with this form it will NOT be processed.***

By: _____ Date: _____
Signature of Owner, Officer, Member, Partner

Phone: _____

Fax: _____

Email: _____

Please contact Michelle Spoor @ 501-371-1506 with any questions regarding this form.
This form & additional requested information, may be faxed to 501-372-2247.

OFFICE USE ONLY:

Processed by: _____

Revised 2/2013 (mc)